

WORK STUDY AND INTERNSHIP APPLICATION

Vocational Goal: _____

Duties: _____

Duties: _____

Confidentiality of Information:

I agree to maintain confidentiality on all information pertaining to customers/students.

Candidate's Signature

Date

Driving Record Verification:

The following information is requested for each volunteer/intern who may provide transportation.

Name: _____ Social Security No.: _____

Insurance Company: _____

List accidents and/or convictions that occurred in the past 3 years (moving violations):

I have no objection to the Virginia Department for the Blind and Vision Impaired verifying my driving record from the Division of Motor Vehicles.

Signature: _____ Date: _____

To Be Completed by VRCBVI Supervisor

Work Study/Internship Dates: From- _____ To- _____

Areas of Assignment and Hours for Each Area:

Name of Supervisor for Each Assignment:

Description of Duties:

